

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526354

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	/		/			
4	3		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	0	1				
10	0					
11	0		1			
12	0		1			
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TOTAL IND.		3				
TOTAL DEP.		9				
TOTAL CLAIMS		12				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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